

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR
APPLICATION IDENTIFIER:

Becker, *et al.*

FOR:

SUBSTITUTED AMINOPYRIMIDINE COMPOUNDS
AS NEUROKININ ANTAGONISTS

08306 U.S. PTO
10/626085
07/24/03



July 24, 2003
Boston, Massachusetts

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).
2. Specification and Drawings (Total pages: 70);
Specification (60 pages); Claims (9 pages); Abstract (1 page); and
Drawings: 0 sheets; Figs. ____.
 Formal
 Informal
3. Declaration and Power of Attorney
 Unsigned (4 pages)
 Signed
4. Information Disclosure Statement (IDS)
 Copy of IDS and PTO-1449 (pages)
 Copies of references cited
5. Assignment Papers
 Recordation Form Cover Sheet (PTO-1595)
 Assignment Document
6. Statement Claiming Small Entity Status
 Claiming Small Entity As Independent Inventor (37 C.F.R. §§1.9(f) & 1.27(b)).
 Claiming Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)).
 Claiming Small Entity As Nonprofit Organization (37 C.F.R. §§1.9(f) & 1.27(d)).

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Becker et al.

SERIAL NO.: Not Yet Assigned

FILING DATE: Herewith

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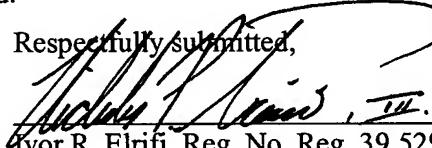
TRANSMITTAL LETTER

Transmitted herewith for filing in the present application are the following documents:

- Request for Filing a New Nonprovisional Application (2 pgs.);
- Specification, Claims, Abstract (70 pgs.);
- Unsigned Combined Declaration and Power of Attorney (4 pgs.);
- Check #16735 for \$891.00; and
- Return Postcard.

Applicant believes that no additional fees are due in connection with this submission. However, the Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 24591-501 (PRE-1). A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,


Ivor R. Elrifi, Reg. No. Reg. 39,529
Nicholas P. Triano, III, Reg. 36,397
Attorneys for Applicant
c/o MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY AND POPEO, P.C.
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241

Customer No. 30623

7. Fee Calculation

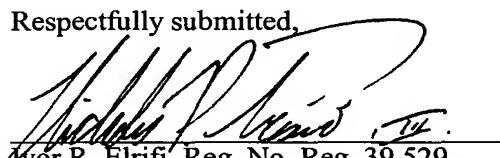
| CLAIMS AS FILED | | | | | |
|--|--------------|---------------------|--------------|--|--|
| Claims | Number Filed | Basic Fee Allowance | Number Extra | Rate | Basic Fee 37 C.F.R. 1.16(a) \$750.00 |
| Total Claims (37 C.F.R. 1.16(c)) | 40 | - 20 = | 20 | \$ 18.00 | \$360.00 |
| Independent Claims (37 C.F.R. 1.16(b)) | 11 | - 3 = | 8 | \$84.00 | \$672.00 |
| Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d)) | 0 | | 0 | \$280 | 0.00 |
| | | | | SUBTOTAL: | \$1782.00 |
| | | | | Reduction by 50% for filing by small entity: | -891.00 |
| | | | | TOTAL FEE: | \$891.00 |

8. A check in the amount of **\$891.00** in payment of filing fees for the application is enclosed. Applicant is a small entity.
9. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 24591-501:
- Fees required under 37 C.F.R. §1.16;
 - Fees required under 37 C.F.R. §1.17;
 - Fees required under 37 C.F.R. §1.18.
10. Return Receipt Postcard Enclosed.
11. Other Documents Enclosed:
 - Paper copy of Sequence Listing (1 page)
 - Computer Readable Format of Sequence Listing (1 disk)
 - Statement in Support of Computer Readable Form Submission Under 37 C.F.R. § 1.821(f) (1 page)

Dated: July 24, 2003

Customer No. 30623

Respectfully submitted,



Avor R. Elrifi, Reg. No. Reg. 39,529
 Nicholas P. Triano, III, Reg. No. 36,397
 Attorneys for Applicants
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